

Incident Report

		Report No.		
PART A – NOTIFICATION				
<i>To be completed by the person reporting the incident / accident</i>				
DETAILS OF THE ACCIDENT / INCIDENT				
Incident Title				
Reported to		Reported by		
Location		Incident date		
		Incident time		
INVOLVED and/or INJURED PERSONS DETAILS				
<input type="checkbox"/> Employee		<input type="checkbox"/> Contractor		<input type="checkbox"/> Visitor
Name				
Date of Birth (dd/mm/yy)		Department		
Employer		Occupation		
Contact Number		Mobile Number		
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Other			
Supervisor of person involved				
Name			Phone No.	
Position				
Brief description of incident				
People involved and witness/s name and contact details				



TYPE OF ACCIDENT / INCIDENT

(if a vehicle / plant is involved, complete a Motor Vehicle Accident Report Form along with this Accident & Incident Report)

<input type="checkbox"/> Fatality	<input type="checkbox"/> Minor Injury / No Treatment	<input type="checkbox"/> Near Hit / Miss
<input type="checkbox"/> Serious Injury or Illness	<input type="checkbox"/> Environmental	<input type="checkbox"/> Vehicle Accident
<input type="checkbox"/> Medical Treatment Injury	<input type="checkbox"/> Equipment / Property Damage	<input type="checkbox"/> Security / Theft
<input type="checkbox"/> First Aid Treatment		

NATURE OF ACCIDENT / INCIDENT☐ N/A

<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Burn	<input type="checkbox"/> Animal bite	<input type="checkbox"/> Concussion
<input type="checkbox"/> Cut/wound	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Slip/Trip /Fall	<input type="checkbox"/> Heat stress
<input type="checkbox"/> Burn	<input type="checkbox"/> Strains/Sprains	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Hit by object
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Other <i>(Provide Brief Description)</i>		

BODY PART ☐ N/A

<input type="checkbox"/> Back Torso	<input type="checkbox"/> Head	<input type="checkbox"/> Multiple Locations
<input type="checkbox"/> Feet	<input type="checkbox"/> Internal	<input type="checkbox"/> Neck
<input type="checkbox"/> Front Torso	<input type="checkbox"/> Legs	<input type="checkbox"/> Right Side
<input type="checkbox"/> Hands	<input type="checkbox"/> Left Side	<input type="checkbox"/> Shoulders/ Arms

Provide brief description of injuries

ENVIRONMENTAL INCIDENT☐ N/A

<input type="checkbox"/> Air	<input type="checkbox"/> Erosion / Sediment	<input type="checkbox"/> Flora / Fauna
<input type="checkbox"/> Noise	<input type="checkbox"/> Waste	<input type="checkbox"/> Community complaint
<input type="checkbox"/> Fire	<input type="checkbox"/> Heritage (Aboriginal or early European)	<input type="checkbox"/> Chemical Spill
<input type="checkbox"/> Water contamination		

Describe the impacting agent (for example, fire, oil spill), quantity, size of area affected



Part B – IMMEDIATE ACTIONS *(To be completed by the WHS Officer)*

Activity stopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsible person		
Treatment provided	Responsible Person	
Treatment Required <input type="checkbox"/> N/A	<input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Emergency Services contacted <input type="checkbox"/> Restrict and clean up Spill/ Damage Area	<input type="checkbox"/> Quarantine required (infectious) <input type="checkbox"/> Return to normal duties <input type="checkbox"/> Restricted duties/hours
Treatment Provider <input type="checkbox"/> N/A	Name (First & Surname) / Date (dd/mm/yy / Time) (for information of Worksafe Qld if required)	
Medical Provider <input type="checkbox"/> N/A	Name of Medical Centre – Hospital, Facility & Location / Contact Person / Contact No	

Immediate Actions / Tasks to Prevent Reoccurrence

(These actions/tasks are to be initially assigned by the person submitting the notification and formally allocated and tracked to closure by the HSE Analyst)

Immediate action / task to be taken to prevent or reduce risk of re-occurrence	Assigned to: (Name and Position)	Action Request #

INVESTIGATION TEAM MEMBERS

Position	Name	Company / Section

INJURED PERSON OUTCOMES

Phone 07 4657 2666
Address PO Box 288, Winton, QLD, 4735

WSC-WHS-FRM-009 2023-07

3

PRIVACY NOTICE: Winton Shire Council is collecting the personal information you supply on this form for the purpose of processing the application. Your personal details will not be disclosed to any other person or Agency external to Council without your consent unless required or authorised by law.



Treatment Outcome	<input type="checkbox"/> Returned to normal duties	<input type="checkbox"/> Alternative Duties				
	<input type="checkbox"/> Restricted duties/ Hours	<input type="checkbox"/> Rehabilitation/ Return to Work				
	<input type="checkbox"/> No Work- Home/ Hospitalised/ Intensive Medical Treatment	<input type="checkbox"/> Workers Compensation Claim				
Treatment Provider <input type="checkbox"/> N/A	Name (First & Surname) / Date (dd/mm/yy) / Time (in case of first aid)					
Medical Provider <input type="checkbox"/> N/A	Name of Medical Centre: Hospital, Facility & Location / Contact Person / Contact No					
SHIFT DETAILS						
Shift Start Time (HH:MM)	Nature of employment. (for example, Office hours Monday to Friday, Casual)	Was Fatigue an issue?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was overtime being worked at time of incident		<input type="checkbox"/> Yes <input type="checkbox"/> No				
WAS A DRUG AND ALCOHOL TEST PERFORMED?		<input type="checkbox"/> Yes (attach report) <input type="checkbox"/> No				
WITNESSES						
Have any witnesses been interviewed as part of the incident investigation?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Names of those interviewed:		(Attach witness statements if applicable.)				
CAUSAL & CONTRIBUTING FACTORS OF ACCIDENT/ INCIDENT						
Cause/ Contributor (Hazards)		YES	NO	N/A	Are Current Controls in place? (HSE Risk Register)	Revised Control (Actions Required) (Update risk register)
Factor	Details					
People		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Environment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Procedures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Organisation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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INVESTIGATION SUMMARY

- Attach additional pages, pictures, sketches etc as required.
- Brief Description of **where** the incident / injury occurred, **what happened**, injuries or damage sustained, **what the person was doing** at the time, work **environment conditions** and condition of injured if applicable.

Conclusion:

ACTIONS/TASKS

These actions/ tasks are to be initially agreed by investigation team with the recipient before being formally allocated and tracked to closure by the HSE Analyst

Closeout action/ task to be taken to prevent or reduce risk of re-occurrence	Assigned to	Action by	Due Date	Closeout Action number #

INVESTIGATION SUPPORT DOCUMENTS(if needed)

- ☐ Ergonomic assessment
 ☐ Maintenance records
 ☐ Other (Specify):
- ☐ Statements
 ☐ Photographs:

MANAGEMENT REVIEW

Note: Signatures 1-4 below MUST be completed PRIOR to submitting Investigation Report for completion to the Health and Safety Committee.

Position	Name	Signature	Date
1. Injured/ Involved person			
2. Supervisor			
3. HSE Representative/ Investigator			
4. HR Manager			



Definitions

Notifiable Incident means—

- a) The Death of a Person; or
- b) A Serious Injury or Illness of a Person; or
- c) A Dangerous Incident, or
- d) A Serious Electrical Incident, or
- e) A Dangerous Electrical Event

Serious Injury or Illness of a person means an injury or illness requiring the person to have—

- a) Immediate treatment as an in-patient in a hospital; or
- b) Immediate treatment for—
 - i. The amputation of any part of his or her body; or
 - ii. A serious head injury; or
 - iii. A serious eye injury; or
 - iv. A serious burn; or
 - v. The separation of his or her skin from an underlying tissue (for example, degloving or scalping); or
 - vi. A spinal injury; or
 - vii. The loss of a bodily function; or
 - viii. Serious lacerations; or
- c) Medical treatment within 48 hours of exposure to a substance;

And includes any other injury or illness prescribed under a regulation but does not include an illness or injury of a prescribed kind.

Dangerous Incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to—

- a) An uncontrolled escape, spillage or leakage of a substance; or
- b) An uncontrolled implosion, explosion or fire; or
- c) An uncontrolled escape of gas or steam; or
- d) An uncontrolled escape of a pressurised substance; or
- e) Electric shock; or
- f) The fall or release from a height of any plant, substance or thing; or
- g) The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under a regulation; or
- h) The collapse or partial collapse of a structure; or
- i) The collapse or failure of an excavation or of any shoring supporting an excavation; or
- j) The inrush of water, mud or gas in workings, in an underground excavation or tunnel; or
- k) The interruption of the main system of ventilation in an underground excavation or tunnel; or
- l) Any other event prescribed under a regulation;

But does not include an incident of a prescribed kind.

Serious Electrical Incident is an incident involving electrical equipment if, in the incident—

- a) A person is killed by electricity; or
- b) A person receives a shock or injury from electricity, and is treated for the shock or injury by or under the supervision of a doctor; or
- c) A person receives a shock or injury from electricity at high voltage, whether or not the person is treated for the shock or injury by or under the supervision of a doctor.

A **Dangerous Electrical Event** is any of the following—

- a) The coming into existence of circumstances in which a person is not electrically safe, if—
 - i. The circumstances involve high voltage electrical equipment; and
 - ii. Despite the coming into existence of the circumstances, the person does not receive a shock or injury;
- b) The coming into existence of both of the following circumstances—
 - i. If a person had been at a particular place at a particular time, the person would not have been electrically safe;
 - ii. The person would not have been electrically safe because of circumstances involving high voltage electrical equipment;
- c) An event that involves electrical equipment and in which significant property damage is caused directly by electricity or originates from electricity;
- d) The performance of electrical work by a person not authorised under an electrical work licence to perform the work;
- e) The performance of electrical work by a person if, as a result of the performance of the work, a person or property is not electrically safe;

Examples for paragraph (e)—

- The connection of electrical equipment to a source of supply involving incorrect polarity or other incorrect connection
- The performance of electrical work as a result of which an exposed wire is left in circumstances in which it can be energised by the operation of a switch or circuit breaker or the insertion of a fuse. The discovery by a licensed electrical worker of electrical equipment that has not been marked as required under this Act.

